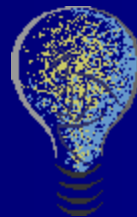




**DEPARTMENT OF HEALTH & MENTAL HYGIENE**  
**MENTAL HYGIENE ADMINISTRATION**

**Public Mental Health System (PMHS)**  
**“Applicant Interest Meeting”**



# Purpose of Meeting

- Overview of Maryland's PMHS and DHMH roles and responsibilities.
- Requirements to be a PMHS provider
- Process for becoming a provider
- Expectations and requirements for service delivery
- Financing of Services
- Compliance Requirements
- Questions and Answers



# Health Care Reform

Refer to DHMH Website ([dhmh.maryland.gov](http://dhmh.maryland.gov)) for current information about health care reform

- Health Reform in Maryland
- Behavioral Health & Disabilities – Integration Efforts (all materials related to stakeholder meetings, including final recommendation report, are posted)

# Health Care Reform (con't.)

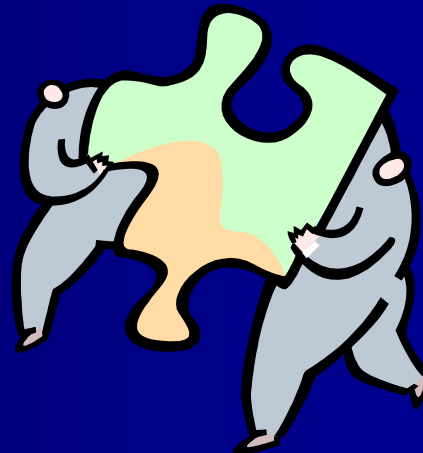
## Recommendations:

- Financing Reform
- Merger of Mental Hygiene Administration and Alcohol & Drug Abuse Administration
- Regulatory reform, requiring a shift towards mandatory accreditation.



# DEPUTY SECRETARY FOR BEHAVIORAL HEALTH AND DISABILITIES MISSION

To develop an integrated process for planning, policy, and services to ensure a coordinated quality system of care is available to individuals with behavioral health conditions and developmental disabilities.



# **5 KEY GOALS FOR BEHAVIORAL HEALTH AND DISABILITIES**

1. Consumer is a partner in service decisions
2. Identify and eliminate disparities
3. Promote health and wellness
4. Promote excellence in care
5. Ensure quality and efficiency in management and administration

# **Mental Hygiene Administration (MHA)**

## **Mission Statement**

To create and manage a coordinated, comprehensive, accessible, culturally sensitive, and age appropriate system of publicly funded services and supports for individuals who have psychiatric disorders and, in conjunction with stakeholders, provide treatment and rehabilitation in order to promote resiliency, health, and recovery.

# MHA SYSTEMS OVERVIEW

- MHA is an agency within the Department of Health and Mental Hygiene (DHMH) responsible for the delivery of Public Mental Health Services (PMHS).
- MHA operates five inpatient psychiatric facilities, two residential treatment centers for children and adolescents, and funds community mental health services for Medicaid eligible individuals.

# MHA SYSTEMS OVERVIEW (con't.)

- MHA funds services to individuals who, because of the severity of their illness and their financial need, are qualified to receive state subsidized services.
- Services, for the most part, are provided and funded through a fee-for-service system.

# MHA SYSTEMS

- Core Service Agencies (CSAs) are local mental health authorities responsible for planning, managing, and monitoring PMHS services at the local level.
- CSAs exist under the authority of the Secretary of DHMH and also are agents of the county government.
- CSAs plan, develop, and manage a full range of treatment and rehabilitation services for persons with serious mental illness and serious emotional disorders in their jurisdiction.

# MANAGEMENT TEAM

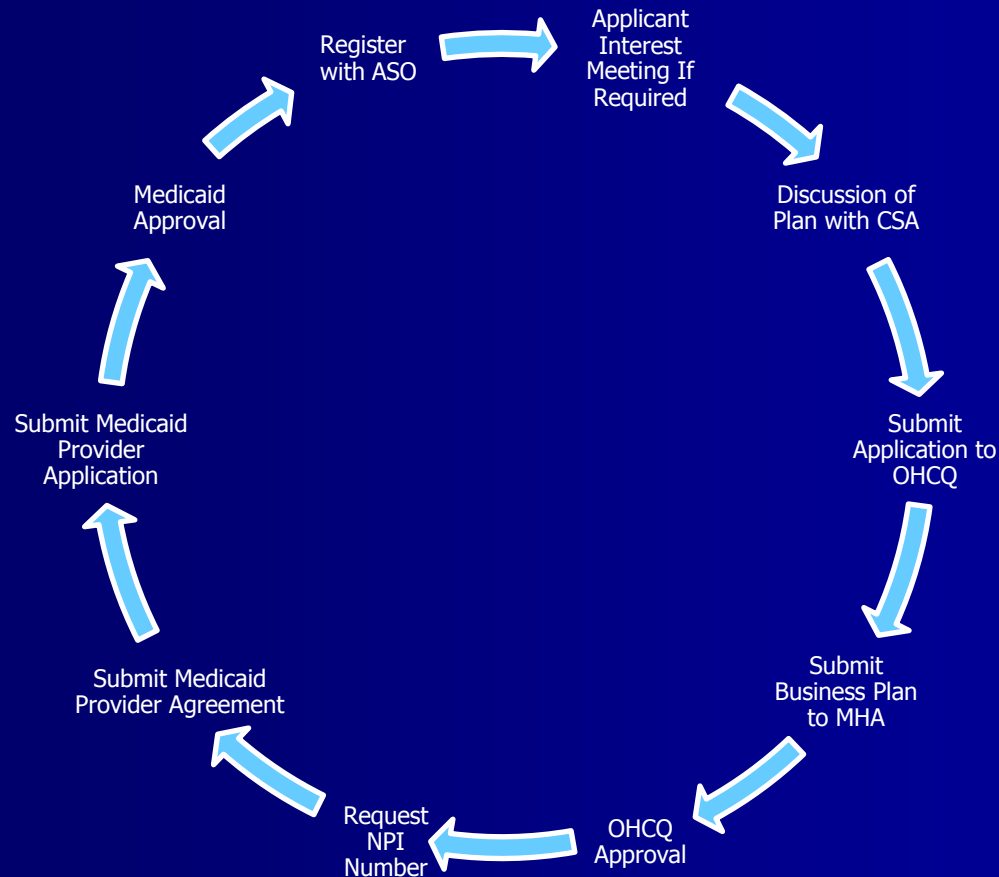
- MHA and the CSAs are assisted in their responsibility by an Administrative Services Organization (ASO), which operates under a contract with MHA.
- The ASO, ValueOptions® Maryland, authorizes services and provides utilization management, information management, claims processing, and evaluation services.

# PROGRAM APPROVAL PROCESS

- Attendance at Applicant Interest Meeting
- Discussion of plans with CSA
- Submission of application to OHCQ
- Submission of business plan to MHA
- OHCQ Approval
- Program approval can not be sold or transferred



# Life Cycle of Provider Approval Process



# Medicaid Resource Information

- Provider Enrollment 410-767-5340
- Recipient Relations 800-492-5231
- EVS (eligibility verification) 800-492-2134
- Provider Relations 800-445-1159

# Web links

- **Medicaid Provider Application**

**<http://mmcp.dhmf.maryland.gov.sitepages/provider>**

- **County Core Service Agencies**

**<http://dhmf.maryland.gov/mha/documents/MACSADirectory>**

# APPLICATION TO MEDICAID

- Submission of a Medicaid Provider application  
DHMH Provider Enrollment (410-767-5340)
- Application for National Provider identification (NPI)
  - <https://nppes.cms.hhs.gov>
- A separate Medicaid number and NPI number are required for each service at each location
- Before services are authorized or claims paid provider must have OHCQ approval, assigned MA number and NPI
- All services require preauthorization

# ASO

- ValueOptions® Maryland provides the following services:
  - 24-hour access for clinically related calls  
1-800-888-1965
  - Referral of individuals to qualified service providers
  - Preauthorization of non-emergency care
  - Review of authorization requests to assist in determining whether an individual meets Medical Necessity Criteria and is part of the PMHS.

# ASO

- ValueOptions® Maryland Services, continued
  - Utilization review of services
  - Data collection
  - Provider training and communication
  - Claims processing and payment
  - Evaluation of the PMHS through consumer and provider surveys and outcome measurement system
  - Provider audits

# ProviderConnect

- Free, secure, online application
- 24 hour/7 days week access
- Multiple Transactions:
  - View/request consumer eligibility
  - View/request authorizations
  - Submit claims
  - View claims status
  - View and print Provider Summary vouchers
  - Submit inquiries to Customer Service
  - Access and print forms and reports

# Accessing ProviderConnect

- Obtain a secure login online: register at:  
<https://www.valueoptions.com/pc/eProvider/providerRegisterFromLogin.do>
- Request additional logons for other providers in the same agency/practice:

ValueOptions®Maryland EDI Helpdesk  
(888) 247-9311, Option 3  
Monday-Friday  
8 a.m. – 6 p.m.



# Claims & Reimbursement

- Any HIPAA compliant 837p or 837i file
  - Account request: 888-247-9311
- ProviderConnect online
  - <https://www.valueoptions.com/pc/eProvider/providerLogin.do>
- HCFA 1500 or UB04:  
**ValueOptions®, Maryland**  
**MHA Claims**  
**PO Box 1950**  
**Latham, NY 12110**
- EFT available through "Payspan"



**<http://maryland.valueoptions.com>**

- Provider Alerts\*
- Provider Manual
- Reimbursement Schedule
- Service Matrix
- Training Schedule/Training Archive
- OMS Tools & Interview Guide
- Provider Audit Tools and Information
- Consumer Information

\* *contact [karl.steinkraus@valueoptions.com](mailto:karl.steinkraus@valueoptions.com) for automatic email notification of postings*

# **Office of Health Care Quality (OHCQ)**

## **MISSION AND VISION**

- Protect the health and safety of Maryland's citizens and ensure that there is public confidence in the health care and community service delivery systems through regulatory, enforcement, and educational activities.
- Achieve excellence in the quality of services provided by the health care and community service delivery systems through the regulatory process.

# OHCQ VALUES

- Promote a work force that is qualified, competent, honest, and possesses integrity.
- Promote principles of fairness, consistency, objectivity, and accountability.
- Create an environment of creativity, cultural sensitivity, pride, dignity, respect, and process improvement.
- Promote partnerships with customers and maintain their trust.

# OHCQ

- Charged with monitoring the quality of care in Maryland's 8,000 health care and community residential programs, utilizing state and federal regulations to license and certify the state's health care facilities
- Through licensing, a facility gains the authority to operate or do business in the state.
- Through certification or approval, a facility obtains the right to participate in the Medicare and Medicaid Programs.

# OHCQ

- OHCQ surveys community mental health programs and therapeutic group homes for MHA.
- OHCQ and MHA collaborate to ensure consistency with expected outcomes.
- OHCQ provides MHA with the results of the surveys and makes recommendations to MHA for further action, if needed, based on the survey results.

# OHCQ

- When problems or deficiencies are noted by OHCQ, MHA reviews the deficiencies and may initiate administrative action against programs that violate state rules and regulations.
- If a program fails to correct problems, DHMH may impose sanctions such as license revocation, bans on admission, or other restrictions on the program's approval or license.

# Compliance

Each mental health provider is required to demonstrate ongoing compliance with the applicable program-specific requirements detailed in the regulations for the State of Maryland.





# New Federal Requirements

Under the Patient Protection and Affordable Care Act, the State Medicaid Agency:

- MUST suspend all Medicaid payments once a credible allegation of fraud against an individual or entity has been determined.

# New Federal Requirements (con't.)

- MUST make a fraud referral to the Medicaid Fraud Control Unit whenever the State Medicaid Agency investigation leads to the initiation of a payment suspension in whole or part.

NOTE: A credible allegation of fraud may be an allegation from any source including but not limited to fraud hotline complaints, claims data mining and patterns identified via audits, false claims cases and law enforcement investigations.

# Compliance Verification

- 1) Routine audits conducted by ValueOptions® Maryland or MHA
- 2) On-site or off-site medical record review
- 3) Intermittent audits and follow-up by the Core Service Agency
  - Announced and unannounced
  - Review of medical record documentation to assure all regulatory requirements are met
  - Review of claims and supporting documentation (e.g., time in/time out)
  - Review of program's policies and procedures

# Compliance Verification (con't.)

- Assessment of personnel, including credentials, licenses as appropriate, personnel files, and payroll records
- Review staff training and supervision documentation
- Certification scope of duties for past or current medical director or rehabilitation specialist were/are currently fulfilled

# Post Audit Follow-up

- Audit report issued by ValueOptions® Maryland/MHA
- Performance Improvement Plan, as required
- Letter of determination issued by MHA
- Retraction of funds, as necessary
- Other disciplinary actions
- Appeal, if necessary



**MHA works collaboratively with other agencies to ensure ongoing compliance with State and Federal agencies and remuneration in instances of fraud or abuse.**

**Such agencies include:**

Office of Health Care Quality (OHCQ)

Core Service Agency (CSA)

DHMH, Office of the Attorney General (OAG)

DHMH, Office of the Inspector General (OIG)

DHMH, Medicaid Provider Relations

Office of the Attorney General (OAG),  
Medicaid Fraud Control Unit (MFCU)

Center for Medicaid and Medicare (CMS)

# **The Maryland Medicaid Fraud Control Unit “MFCU”**

Stephen Roscher  
Assistant Attorney General

# History of the MFCU

- Congress failed to provide safeguards when the Medicaid Program was initiated to protect against fraud.
- After experiencing problems with fraud, abuse and neglect, Medicaid Fraud Control Units were mandated for each state and D.C. unless a specific waiver was granted.



# What does the MFCU do?

- Civil cases (lawsuits) against companies that commit fraud -- recover what was fraudulently taken, and the court can impose huge fines in addition to restitution.
- Criminal cases against those who commit fraud
- Criminal cases against those who commit abuse or criminally neglect vulnerable adults

# Criminal Prosecution

- **General Maryland criminal statutes:**

- Theft (7-101 and following)
- Identity Fraud (8-301)
- Assault (3-202 and 203)

- **Specific Maryland criminal statutes:**

- Medicaid Fraud (8-508)
- Abuse of Vulnerable Adults (3-604 and 605)
- Exploitation of Vulnerable Adults (8-801)

# Provider Exclusions

42 USC 1320a-7 and 42 CFR 1001 et seq.

- **Mandatory:** Criminal conviction related to health care delivery . . . Or . . . Conviction related to the neglect or abuse of a patient in connections with the delivery of health care services **MINIMUM FIVE YEARS**
- **Permissive:** Results from actions by a court, licensing board or agency. May also be based on excessive charges, unnecessary services, kickbacks, failure to disclose or supply information

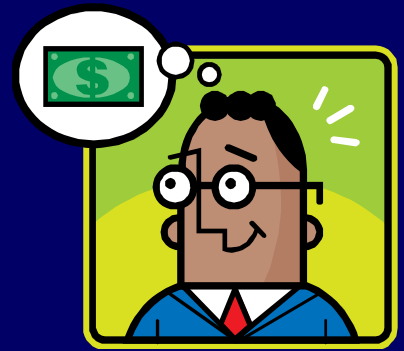
# PITFALLS

- Letting INCOME become *the* overwhelming purpose of the venture.
- Losing sight of the goal of the program.
- Hiring employees who have not been properly vetted.
- Hiring employees who have the wrong priorities.
- Lack of supervision by the operators.

# OPPORTUNITIES

- To help some of the most vulnerable people in our society to live as normal a life as possible
- To measure our value by what we do for others
- To earn a reasonable income in a *vocation* of service
- To provide employment for *caring* people dedicated to serving other people

# Business Plan



New providers must submit a business plan including the following information:

- A budget for the first year of operation which includes, at a minimum, the salary structure, client mix necessary to maintain financial stability and anticipated administrative expenses.
- Summary of the applicant's understanding of Medicaid reimbursement including the requirements for compliance with regulations, claims payment, and documentation.

# Business Plan (con't.)

- Provide a description of the program's financial reserves.
- Identify the source and amount of any start-up funds. Attach a copy of the loan agreement or bank statement.
- A copy of the casualty insurance policy the applicant has to cover emergency expenses.
- Description of how the applicant determined the need for this service.

# Business Plan (con't.)

Current providers in good standing who wish to expand in order to provide a new service must submit an abbreviated business plan that includes:

- A budget for the first year of operation.
- Identification of the source and amount of start-up funds for the additional service.



# PROGRAM SPECIFIC REGULATIONS



# Community Mental Health Programs

- Application and Approval Processes 10.21.16
- Definitions and Administrative Requirements 10.21.17
- Psychiatric Day Treatment Services 10.21.02
- Group Homes for Adults with Mental Illness 10.21.04
- Therapeutic Group Homes 10.21.07
- Therapeutic Nursery Programs 10.21.18
- Mobile Treatment Services 10.21.19
- Outpatient Mental Health Centers (OMHC) 10.21.20

# Community Mental Health Programs (con't.)

- Psychiatric Rehabilitation Programs (PRP) for Adults 10.21.21
- Residential Rehabilitation Program (RRP) 10.21.22 \*
- Residential Crisis Services 10.21.26 \*
- Respite Care Services 10.21.27\*
- Mental Health Vocational Programs 10.21.28
- Psychiatric Rehabilitation Services for Minors 10.21.29
- Therapeutic Behavioral Services 10.09.34

(\* Based on availability of state funds)

# COMMUNITY MENTAL HEALTH PROGRAM

- Specialty Mental Health System 10.09.70
- Fee Schedule 10.21.25
- Rehabilitation and other Mental Health Services 10.09.59

# **Application, Approval and Disciplinary Processes** (10.21.16)

- Outlines Application Process
- Development of Program Service Plan
- Types of Approval
- Disciplinary Action Processes

# Definitions and Administrative Requirements (10.21.17)

- Consent for Services and Orientation
- Advisory Committee
- CSA Collaboration
- Program Model
- Record Requirements
- Human Resources
- Quality Management
- Staff Credential Requirements
- Consumer Rights and Complaints

# Governing Body/Advisory Committee

- Health General, Title 10, Subtitle 9, Governing Body

“An immediate family member of an employee of an organization may not serve as a voting member of the governing body of the organization.”

- COMAR 10.21.17.05 Advisory Committee

“An immediate family member of an employee of a program may not serve on the governing body, board of directors, or advisory committee.”

# Content of Program Regulations

- Scope, Definition, Approval
- Program Model
- Eligibility, Screening, Enrollment
- Service Requirements
- Documentation Requirements
- Staffing Requirements
- Other Program-specific Requirements



# Outpatient Mental Health Centers (10.21.20)

- Outpatient Mental Health Services such as assessment and evaluation, and individual, group, and family therapies are provided by Outpatient Mental Health Centers (OMHCs) regulated under Code of Maryland Regulations (COMAR 10.21.20).
- OMHC services receive clinical oversight from a Medical Director and include a multi-disciplinary treatment team.
- Applicant must have a minimum of 1 year as either a group practice OR approval as another program under MHA regulations.

# Outcomes Measurement System (OMS)

- The purpose of OMS is to track progress of individuals served in the PMHS.
- OMS is integrated into the ValueOptions® Maryland authorization request system (ProviderConnect®)
- OMS interviews include questions related to several life domains, including living situation, symptoms, functioning, employment, etc.

# OMS (con't.)

- The adult OMS questionnaire requires providers to sign an End Users Licensing Agreement (EULA) in order to access the BASIS-24<sup>®</sup> symptom questions.
- The OMS Interview Guide is available on-line; it details OMS procedures and provides instructions regarding each item.

# OMHC Medical Director Requirements

- Psychiatrist
- Minimum of 20 hours per week
- Overall responsibility for clinical services
- Establish and maintain standards for diagnosis and treatment
- Medical aspects of quality management
- Ensure adequate supervision of all treatment staff
- Adequate physician coverage
- MHA meets regularly with OMHC medical directors (approximately every four months)

# **PSYCHIATRIC REHABILITATION PROGRAMS FOR ADULTS (PRP for Adults) (10.21.21)**

Provides rehabilitation and support to consumers with serious mental illness (SMI)

- improve or restore independent living and social skills necessary to facilitate an individual's recovery,
- make informed decisions about their life
- create opportunities for choice regarding home, school or work, and community.

Services may be provided at a PRP facility (on-site/group) or off-site at a consumer's residence or jobsite, or another appropriate location in the community.

# **MOBILE TREATMENT SERVICES (MTS) (10.21.19)**

- Mobile Treatment Services provide assertive outreach, treatment, and support to individuals with mental illness who may be homeless, or for whom more traditional forms of outpatient treatment have been ineffective. Service is provided by a multidisciplinary team, is mobile and is provided in the individual's natural environment (e.g., home, street, shelters).
- Mobile Treatment Services also are available for children, adolescents and their families who require more intensive intervention in order to clinically stabilize the child's or adolescent's psychiatric condition, to promote family preservation, and/or to return functioning and quality of life to previously established levels as soon as possible.

# **MENTAL HEALTH VOCATIONAL PROGRAMS (MHVP) 10.21.28**

- Only Supported Employment (SE) is reimbursed by PMHS.
- SE provides ongoing employment support services to individuals with serious mental illness (SMI) for whom competitive employment has not occurred, has been interrupted, or has been intermittent.
- These services are provided to enable eligible individuals to choose, obtain, or maintain individualized, competitive employment in an integrated work environment, consistent with their interests, preferences, and skills.

# **Group Homes for Adults with Mental Illness (10.21.04)**

- Licensure under Group Homes for Adults with Mental Illness is required for homes serving between 4 and 16 individuals.
- Group Homes are required to comply with COMAR 10.21.22, Residential Rehabilitations Programs.





# **PSYCHIATRIC DAY TREATMENT SERVICES**

## **(Partial Hospitalization – PHP)**

### **(10.21.02)**

- This is an outpatient, short-term, intensive, psychiatric treatment service that parallels the intensity of services provided in a hospital, including medical and nursing supervision and interventions. This level of service is a benefit for children, adolescents, and adults.
- PHP services must provide a minimum of four hours of treatment for ½ day and 6 ½ hours for a full day. PHP is an alternative to inpatient care when the consumer can safely reside in the community.

# **PSYCHIATRIC REHABILITATION PROGRAMS FOR MINORS (PRP for Minors) Services (10.21.29)**

1) PRP for Minors provide rehabilitation and support services to children and adolescents who have significant mental health symptoms or serious behavioral impairments that interfere with their ability to be successfully integrated, or maintained, in their homes or community. The minor must be, and remain, in active mental health treatment so that the rehabilitation services support and enhance identified clinical goals.

2) There needs to be documentation that clinical services are not sufficient to meet the needs of the minor and that without PRP the minor is at risk of clinical deterioration, or a higher level of care. PRP services are intended to enhance the minor's functioning across life domains while promoting resilience in a way that assists them to generalize skills learned in therapy. PRP services need to be age and developmentally appropriate and focus on self care and social skills.

# **RESPITE CARE SERVICES (RPCS)**

## **(10.21.27)**

- Respite Services are provided for adults with Serious and Persistent Mental Illness (SPMI) or children with Serious Emotional Disturbance (SED).
- Respite Care Services are provided on a short-term basis in the consumer's home or in an approved community-based setting.
- Services are designed to support consumers remaining in their homes by providing temporary relief to the consumers' caregivers.

# **Therapeutic Behavior Services (TBS)**

## **(10.09.34)**

- Therapeutic Behavioral Services (TBS) are individualized rehabilitative services for a child with a mental illness diagnosis, or a developmental disability with maladaptive behaviors.
- Therapeutic Behavioral Services (TBS) include
  - an initial assessment,
  - the development of a behavior plan, and
  - an ongoing individual one-to-one TBS aide in the home or community.
- TBS aides are trained in the principles of behavior management and appropriate methods of preventing or decreasing maladaptive behaviors.

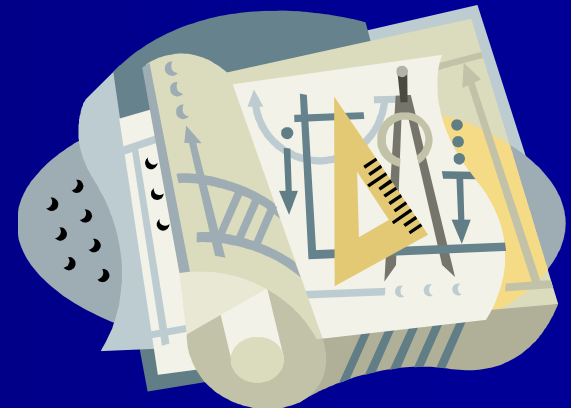
# **Therapeutic Behavior Services (TBS)**

## **(con't.)**

- TBS are designed to support children who are at risk for a higher level of care without the intervention.
- TBS can help to prevent the need for an out-of-home placement when a child's behaviors are too difficult for his or her caregivers to manage alone.
- A TBS aide can help by supporting the child in his family home, foster home, at school, or at day care as well as in the community.
- TBS can also assist a child during a transition home from an out-of-home placement.

# APPLICATION PACKET REVIEW-OHCQ

- Application Face Sheet
- Attestation Form
- OMHC Eligibility Form (if applicable)
- Application and Approval Requirements Program Service Plan, Business Plan (COMAR 10.21.16)
- Administrative Requirements (COMAR 10.21.17)
- Program-Specific Requirements



# Mental Hygiene Administration



## Contact Information (410) 402 – 8300

Daryl Plevy	Deputy Director, Mental Hygiene Administration
Sharon Ohlhaver	Chief, Quality Management, Community Programs
Audrey Chase	Director, Office of Compliance
Steve Reeder	Acting Director, Office of Adult Services
Albert Zachik, M.D.	Director, Office of Child and Adolescent Services
Brian Johnson	Provider Enrollment Consultant
Stacey Diehl	Director, Office of Legislation and Regulation

# OHCQ COMMUNITY MENTAL HEALTH UNIT (C-MHU)



## Contact Information (410) 402-8060

Wendy Kanely Survey Coordinator

Cherelle Robertson LCSW-C, Clinical Social Work Surveyor

OHCQ C-MHU (410) 402-8270 *\*fax\** **(410)402-8270**

[www.dhmmh.state.md.us/ohcq/index.html](http://www.dhmmh.state.md.us/ohcq/index.html)



# ValueOptions® Maryland

## Contact Information (800) 888 - 1965

Helen Lann, M.D.	Medical Director
Guy Reese	Compliance Manager
Karl Steinkraus	Director, Provider Relations
Jamie Miller	Clinical Director
Jarrell Pipkin	Director, Quality Management
Bob Wells	Finance Director

# Websites

## Agency Websites

Mental Hygiene Administration	<a href="http://www.dhmh.maryland.gov/mha">www.dhmh.maryland.gov/mha</a>
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Core Service Agency Directory	<a href="http://www.dhmh.maryland.gov/mha/SitePages/csa.aspx">www.dhmh.maryland.gov/mha/SitePages/csa.aspx</a>
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ValueOptions® Maryland	<a href="http://maryland.valueoptions.com">http://maryland.valueoptions.com</a>
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COMAR On-Line	<a href="http://www.dsd.state.md.us">www.dsd.state.md.us</a>
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